

REQUEST FOR A CERTIFIED COPY OF A MARRIAGE RECORD FROM SALISBURY

Mail this request to the Town Vital Records office: Town Clerk, PO BOX 548, Salisbury, CT 06068

PLEASE PRINT

DO NOT MAIL CASH

Groom / Spouse	<u>Full Legal Name Before Marriage</u>		
	First	Middle	Last
Bride / Spouse	<u>Full Legal Name Before Marriage</u>		
	First	Middle	Last
Date of Marriage (Month/Day/Year)		Town of Marriage	

PLEASE NOTE: In accordance with C.G.S. §7-51A, only the bride, groom or spouse listed on the marriage certificate or other persons authorized by the Department of Public Health, shall be issued a certified copy of a marriage certificate containing the Social Security numbers of the bride, groom or spouse. All other requesters will receive a certified copy of the marriage certificate without the Social Security numbers.

PERSON MAKING THE REQUEST:

NAME: _____
 First Middle Last

ADDRESS: _____
 Number Street

TOWN: _____ STATE: _____ ZIP CODE: _____

TELEPHONE No: _____ E-MAIL ADDRESS (optional): _____

Relation to Person Named in Certificate: _____

SIGNATURE: _____

The fee for a copy of Marriage Certificate is \$20.00 per copy.

Number of Copies Requested: _____ Amount Enclosed: _____

Fee: \$20.00 PER COPY. Remit a check or money order made payable to **Salisbury Town Clerk**

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PLEASE INCLUDE A PHOTOCOPY OF YOUR DRIVER'S LICENSE